

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
FUNDS CENTER TRANSFER
(AASIS 069)

From: _____
 Business Area Code / Name

To: _____
 Business Area Code / Name

Document Number: _____

Effective Date: _____

* P = Fiscal Year Period
 B = Blocked

Authorizing Acts:

_____ of _____, _____ of _____, _____ of _____

FROM (Sender)						TO (Receiver)				
Funds Center	CI	Fund	Func Area	*	Amount	Funds Center	CI	Fund	Func Area	*

Purpose: _____

Agency: _____ **DFA Budget:** _____ **DFA Acctg:** _____

Date: _____ **Date:** _____ **Date:** _____